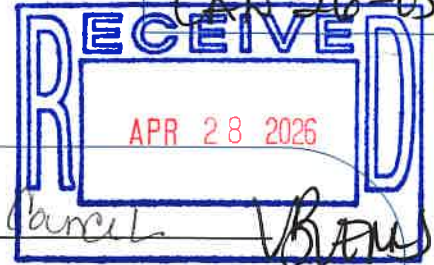


Initial Application
 Amended Application
 Date: 4-28-2026



**STATE OF ARIZONA
 COMMITTEE STATEMENT
 OF ORGANIZATION**

COMMITTEE ID NUMBER
 (office use only)
CAN 26-05



COMMITTEE TYPE (choose one):

Candidate

Committee Name (required):
 (first or last name & office)

CRYSTAL O'JON for City Council

Candidate Information:

Candidate's Name (required): CRYSTAL O'JON

Candidate's mailing address (required): 18961 N. Shelby Dr.

Candidate's email address (required): CHRYSALLENJOJON@aol.com

Candidate's phone number (required): 520-728-5807

Candidate's website (if any): NOTECRYSTAL.COM

Office Sought (choose one):

County Office: PINAL District (if applicable): _____

City/Town Office: Maricopa District (if applicable): _____

School Board Office: _____ District (if applicable): _____

Special District Board: _____ District (if applicable): _____

Election Cycle for Office Sought (year the election will take place) (required): _____

Party Affiliation: (required for partisan offices) Democrat Green Libertarian Republican Other: _____

Political Action Committee (PAC)

Committee Name (required):
 (if sponsored, must include sponsor's name)

Political Function (optional): (select any that apply) Contributions Candidate-Related Independent Expenditures Ballot Measure Expenditures Recall Expenditures

Sponsorship Information: (if applicable)
 Sponsor's name or nickname (required): _____
 Sponsor's mailing address (required): _____
 Sponsor's email address (required): _____
 Sponsor's phone number (if any): _____
 Sponsor's website (if any): _____

Special Status (if applicable) Separate Segregated Fund of a Corporation, LLC, Partnership, or Union Standing Committee (must also complete separate standing committee registration) Mega PAC (must provide proof of Mega PAC status to filing officer) (amended applications only)

Political Party

Committee Name (required):
 (must include party affiliation)

Jurisdiction: State Party (must include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804) County Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804) Legislative District Party (must include proof of organization pursuant to A.R.S. § 16-823) City or Town Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804)

Special Status (if applicable) Standing Committee (must also complete separate standing committee registration)

Initial Application
 Amended Application
Date: 4-28-2024



**STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION**

COMMITTEE ID NUMBER
(office use only)
CAN 26-05

COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): 18961 NORTH Shelby Drive
Committee's email address (required): CHRYSALLEDOJOJO@AOL.COM
Committee's phone number (if any): 520 728 5807
Committee's website (if any): VOTECHRUSTAL.COM

Chairperson's Information: Chairperson's name (required): Kent Olson
Chairperson's physical address (required): 18961 NORTH Shelby Drive
Chairperson's mailing address (if different): _____
Chairperson's email address (required): Kent Olson@gmail.com
Chairperson's phone number (required): 615 935 4451
Chairperson's employer (required): RETIRED
Chairperson's occupation (required): RETIRED

Treasurer's Information: Treasurer's name (required): Kent Olson
Treasurer's physical address (required): 18961 NORTH Shelby Drive
Treasurer's mailing address (if different): _____
Treasurer's email address (required): Kent Olson@gmail.com
Treasurer's phone number (required): 615 935 4451
Treasurer's employer (required): RETIRED
Treasurer's occupation (required): RETIRED

Bank or Financial Institution: Bank name (required): WELLS FARGO
(do not list acct numbers) Additional bank name (if applicable): _____
Additional bank name (if applicable): _____

DECLARATION AND SIGNATURES:

I declare under penalty of perjury that the foregoing information is true and correct. I further declare that I: (1) consent to serve as chairperson or treasurer of the committee named herein, if applicable; (2) designate the above-named committee as my official candidate committee and authorize it to receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of State's campaign finance and reporting guide; (4) agree to comply with Arizona election law, including campaign finance laws codified at A.R.S. §§ 16-901 to 16-938; and (5) agree to accept all notifications and legal service of process for campaign finance purposes via the email address(es) provided herein.

Chairperson's signature: [Signature] Date: 4/28/2024

Treasurer's signature: [Signature] Date: 4/28/2024

Candidate's signature (if applicable): [Signature] Date: 4/28/2024